## REQUEST FOR TRANSFER OF ALCOHOL – RETAILER TO RETAILER

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046

PHONE: (402) 471-2571 FAX: (402) 471-2814 Website: <u>www.lcc.ne.gov</u>

Office Use			

## **Application:**

Transfer must meet the following conditions:

- Active liquor licensee to active liquor licensee; 237-LCC2-003 of rules and regulations.
- Must include list of alcohol wishing to be transferred; list brand name, container size and quantity (dollar amount is not necessary).
- Only ONE (1) transfer from location and ONE (1) transfer to location per request.
- If business is closing, liquor license must be returned.
- Administrative review will take approximately 10 to 15 days.

TRANSFER FROM:	TRANSFER TO:		
CLASS: LIC. #	CLASS: LIC. #		
ICENSEE Name	LICENSEE Name		
RADE Name	TRADE Name		
REMISE Address	PREMISE Address		
TTY , NE	, NE,		
CITY Zip Code	CITY Zip Code		
CONTACT Person	CONTACT Person		
HONE Number of Contact Person	PHONE Number of Contact Person		
MAIL Address of Contact Person	EMAIL Address of Contact Person		
Office Use Only	BARCODE		
Reviewed by:			
Approved Denied Blue Agence	da LABEL		
Comments:			

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EASON for request: _					
acknowledge under o	oath that this tran	nsfer as reque	ested complies in all respects wit	th the requirem	ents of the a
eb. Rev. Stat. §53-123	3.04 & §53-175				
			-		
Signature of TRANSFER FROM licensee or officer		or officer	Signature of <u>TRAN</u>	NSFER TO licensee	or officer
	rint Name			rint Name	
r	imi name		r	imi Name	
State of Nebraska, County of		The	foregoing instrument was acknow	wledged before r	ne this
		by		-	
Date			Name(s) of Person(s) Acknowledged [in	dividual(s) signing do	cument]
			Affix :	Seal	
Notary public signature					
			OL TO BE TRANSFERRED OUR OWN INVENTORY)		
Brand Name	Size	Qty.	Brand Name	Size	Qty.

Brand Name	Size	Qty.	<b>Brand Name</b>	Size	Qty.
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